Public Health Preparedness and Response for Bioterrorism

CDC/Bioterrorism Preparedness and Response Initiative Update MARCH 2001

State/Local Spotlight

The Colorado Department of Public Health and Environment receives funding in 4 focus areas: Preparedness Planning, Epidemiology and Surveillance – Core Capacity; Laboratory Capacity for Biologic Agents, and the Health Alert Network. CDPHE is implementing a variety of innovative activities in a coordinated and resourceful manner. They have taken great strides to integrate the efforts and resources of various programs to create systems which enhance their preparedness and response capacity for bioterrorism, but also benefit the overall public health infrastructure in Colorado. Following are examples of some recent accomplishments:

- Conducted 5 regional workshops to provide in-depth training on completion of the public health component of the DOJ assessment and facilitated the provision of FEMA counterterrorism planning grants to local health agencies to reimburse them for their efforts;
- Established and co-chair the Colorado Counter-Terrorism Advisory Council, comprised of representatives from all federal and state agencies involved in terrorism response, training and exercises:
- Established a Public Health Communications Group to address both technological capacity and channels of communications among bioterrorism response participants;
- Created and established statutory authority for a Governor's Expert Emergency Epidemic Response Committee to develop a supplement to the state emergency operations plan and provide expert counsel to the governor in the event of widespread illness caused by bioterrorism, pandemic influenza or other novel and highly fatal infectious agent or biological toxin;
- Developed PCR and PFGE capability for identification of biologic agents;
- Convened the Colorado Counter Terrorism Steering Committee to assess local multidisciplinary response capacity and needs, track the completion of all facets of the DOJ survey, facilitate development of local emergency operations plans, and to oversee the distribution of DOJ equipment funds; and
- Established high speed Internet connectivity in the 12 largest counties and 5 clusters, and trained local personnel in the use of Internet technology.

Year 2 efforts are focused on the following activities:

- Finalizing the statewide Terrorism Response Capability survey of public health agencies;
- Establishing regional multi-disciplinary terrorism task forces and response teams that incorporate public health agencies, law enforcement and HAZMAT teams;
- Developing a model local public health response plan;
- Identifying training needs and developing appropriate training programs;
- Enhancing rapid communications capability;
- Developing hospital and local health department preparedness regulations; and
- Increasing collaboration among local, state, private, public partners.

CDC Update

\$ March 5-6 CDC staff attended a meeting of state and local public health and emergency response personnel from the PHS Region VII states: Iowa, Kansas, Nebraska, and Missouri.

- The meeting was hosted by the Kansas City Health Department and allowed participants to exchange information and discuss issues of bioterrorism preparedness and response with a particular focus on local and state coordination and interstate collaboration.
- \$ Beginning in May a series of meetings will be convened to facilitate the process of identifying the core elements of state and local bioterrorism preparedness and response programs. These meetings will include federal, state, and local partners from a variety of disciplines. Efforts will build on the Public Health Performance Standards and will lead to the development of a prioritized list of critical capabilities for bioterrorism readiness. It is anticipated that a draft document will be ready for review by September.
- \$ Continuation applications for year 3 of the cooperative agreement program, Public Health Preparedness and Response for Bioterrorism, are due to the CDC Procurement and Grants Office by May 15, 2001. For additional information about this process, please contact your Team Leader.
- \$ On April 9th, the Ohio Department of Health (ODH) will conduct an all-day workshop to introduce key ODH players to the Incident Command System (ICS). Marshall Johnson, private consultant and owner of Emergency Training Services, Inc. will present a three hour overview of ICS concepts and principles in the morning. In the afternoon, ODH staff will have the opportunity to role play in a scenario based situation and debrief at intervals. Facilitation of staffing needs, roles, and functions of ODH employees within ICS will be addressed, as well as construction of a preliminary ICS structure for ODH response to a weapons of mass destruction/mass casualty event.

Upcoming Events

Apr. 10-11, 2001	2nd National Electronic Disease Surveillance System Stakeholders' Meeting, Atlanta, GA
Apr. 23-27, 2001	50 th Annual Epidemic Intelligence Service Scientific Conference, Atlanta, GA, http://www.cdc.gov/epo/index.htm
Apr. 21-25, 2001	National Disaster Medical System (NDMS) Conference, Dallas, TX, http://www.ndms.dhhs.gov
June 10-14, 2001	Joint APHL/CSTE Annual Conference, Portland, OR,

Bibliography of Recent Publications

- Road Map for National Security: Imperative for Change, The Phase III Report of the U.S. Commission on National Security/21st Century; Feb. 15, 2001; http://www.nssg.gov/PhaseIIIFR.pdf
- J Dougherty, Botulism toxin seen as bio-weapon New Johns Hopkins study calls it 'major threat to public'; World Net Daily, Mar. 1, 2001; http://www.worldnetdaily.com/news/article.asp?ARTICLE_ID=21881
- 3. L Garrett, The Nightmare of Bioterrorism, Foreign Affairs, January/February 2001

4.	J Stephenson, Feb. 21, 2001	PhD, Researchers launch a web-based resource for smallpox research, JAMA, 285:7, http://jama.ama-assn.org/issues/v285n7/ffull/jmn0221-2.html.